☒ THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
☐ WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
CINCINNATI, OHIO 45202

REQUEST FOR POLICY TRANSACTION

☒ Policy Service 0400 ☐ Annuity Operations 5100

1. OFFICE CODE	ACCT. NO.	CO. CODE	POLICY NUMBER	OWNER'S SS NO. OR TIN (REQUIRED FOR TAXABLE DISTRIBUTION) *
		0		

INSURED (LAST) (FIRST) (MID. INIT.)	(AREA CODE) TELEPHONE NO. *	CLIENT ACCT. NO.

2. ☐ **PARTIAL SURRENDERS, PUA RIDER SURRENDERS, DIVIDEND and/or LOAN VALUE to PAY PREMIUMS**
I request premiums be paid using partial surrenders, dividend and/or loan value as follows:

OWNER DATE OF BIRTH

	CO. CD	POLICY NUMBERS	PREMIUM	MODE TO BE PAID A, S, Q, OR M	NO. OF MONTHS TO BE PAID	DATE PREMIUM IS DUE	**DIVIDEND** VALUE TO BE APPLIED	AMOUNT COLLECTED IN CASH	AMOUNT NOT APPLIED	**LOAN** VALUE TO BE APPLIED	**PART/RIDER SURR** VALUE TO BE APPLIED
A.											
B.											
C.											
D.											
E.											
F.											
G.											
H.											

3. ☐ **DIVIDEND DISPOSITION REQUEST**
A. ☐ I request application of $_____ of dividend cash value to the loan indebtedness
☐ on this policy or ☐ on Policy No. _____
B. ☐ I request withdrawal of $_____ of dividend cash value.

4. ☐ **DIVIDEND OPTION CHANGE**
PLEASE CHOOSE OPTION
A. ☐ Applied toward payment of premiums (Regular Ordinary only) (Option 1) **B.** ☐ Paid in cash (Option 2)
C. ☐ Accumulate at interest (Option 3) ☐ Convert existing paid-up additions to accumulations
D. ☐ Purchase paid-up additions (Option 4) ☐ Convert existing accumulations to paid-up additions
E. ☐ Applied toward payment of loan interest due or principal. When the dividend exceeds the loan, any excess will be paid in cash. If policy was issued 1996 or later, dividends will be used to reduce principal instead of applied to loan interest.
F. ☐ Apply Option 1 excess dividends to _____

5. ☐ **LOAN REQUEST**
A. ☐ I request a policy loan for the maximum amount available.
B. ☐ I request a policy loan which will provide a check for $_____
} **Owner assigns policy to the Company in connection with this loan.**
C. ☐ DO NOT DEDUCT THE OUTSTANDING PREMIUM DUE (DOES NOT APPLY TO UL/CAP/STRATA/OPTIMUS).

6. ☒ **CASH SURRENDER**
(NOT FOR 1035 EXCHANGE; USE FORM DO-659)
A. ☒ Entire policy (If PUA rider on policy, Surrender will include all values.) **B.** ☐ Basic Coverage **C.** ☐ Annuity Fund
D. ☐ Indicate if surrendered portion is to be applied to other policy(ies): Policy No. _____ Amount $_____
Policy No. _____ Amount $_____ / Policy No. _____ Amount $_____
Attach DO-70 to a New Business Application

7. ☐ **PARTIAL CASH SURRENDER**
Indicate type of policy and total amount of partial surrender to be taken. Include in total amounts to be used for E, F and G.
I request a partial release of the cash surrender value of the above numbered policy.
A. ☐ UL/CAP/STRATA/OPTIMUS* $_____ **B.** ☐ Accumulation Value $_____
C. ☐ Annuity Fund $_____ **D.** ☐ Annuity Contract ☐ $_____
} Is this amount after taxes? ☐ Yes ☐ No
E. ☐ Use to repay loan on this policy (must repay in full) ☐ Accumulation Interest - **Omniflex only**
F. ☐ Use to repay loan on policy #_____ ☐ 10% Withdrawal
G. ☐ Use to pay premium on policy(ies), **complete #2 above** ☐ RMD
* OPTIMUS/ULTRA/PROTECTION LIFE is not eligible for Preferred rates if Selected Amount is reduced below $100,000

8. ☐ **PUA RIDER SURRENDER**
Rider Cash Withdrawal
A. ☐ APUA $_____ **B.** ☐ SPUA $_____ **C.** ☐ Order OPS PUA AMT $_____
PREMIUM PAYMENTS COMPLETE #2 ABOVE
D. ☐ APUA $_____ **E.** ☐ SPUA $_____ **F.** ☐ Order OPS PUA AMT $_____
APPLY TO LOAN ON # (S) _____ _____ _____
G. ☐ APUA $_____ **H.** ☐ SPUA $_____ **I.** ☐ Order OPS PUA AMT $_____
☐ Pay Partial Amount ☐ Pay Full Amount

9. ☐ **MATURING ENDOWMENT**
(SUBMIT POLICY)
A. ☐ Annuity Fund Partial Maturity $_____ **B.** ☐ In a single sum.

Please Sign Form On Page 3

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10. ☐ **PREMIUMS PAID FROM ACCUM VALUE**

I request that the specified premiums for the above-numbered policy be paid from that policy's excess cash value (the excess of the Accumulation Value over Guaranteed Cash Value). I understand my excess cash value will be reduced by amounts withdrawn to pay these premiums.

EIL/CENT/ADLIFE

PREMIUM	MODE	NO. OF MONTHS	PREMIUM DUE DATE	AMOUNT COLLECTED IN CASH	ACCUMULATION VALUE TO BE APPLIED

11. ☒ **MAIL CHECK TO PAYEE**

Number and Street	City	State	Zip Code

12. ☐ **METHOD OF PAYMENT**

The company reserves the right to decline any EFT and will issue a check in lieu of the deposit request. In order to process EFT, the account owner and policy owner must be the same.

Please send payments by Electronic Funds Transfer to:

☐ **Checking Account** Please attach a voided check.

☐ **Savings Account** Please attach a letter from the bank, verifying account number and routing transit number.

Name of Bank

Account No. (Please specify only one account)

Routing No.

Signature of Depositor

Signature of Joint Depositor

Date

Date

A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.

13. A taxable distribution may occur as a result of the following action:

- Cash Dividends
- Cash Surrender
- Dividends to Pay Premiums on Other Policies
- Dividends to Pay a Loan on Itself or Other Policy
- Partial Cash Surrenders
- Loans on Modified Endowment Contracts
- Maturity

IF THE REQUEST ON THE REVERSE SIDE IS THE SAME AS ONE OF THE ITEMS LISTED ABOVE, A WITHHOLDING ELECTION SHOULD BE INDICATED BELOW. OTHERWISE, IF THERE IS A TAXABLE AMOUNT AND NO WITHHOLDING IS INDICATED, WE WILL WITHHOLD AT THE STANDARD RATE. ***FINANCIAL REPRESENTATIVE*** *- You can determine if the request is taxable by reviewing the Policy Status, SPIRIT OPTION 33, or Annuity Values, SPIRIT OPTION 36.*

Income Tax Withholding

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, Western & Southern Life will be required to withhold 10% federal income tax.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Western & Southern must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, HI, NV, NH, SD, TN, TX, WA or WY. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. If you choose not to withhold federal tax, Western & Southern will also not withhold any state income tax unless you indicate otherwise.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. I direct Western & Southern to:

Federal

☐ **To withhold the standard rate for federal income taxes**

☒ **NOT to withhold federal income taxes**

☐ **To withhold taxes as follows:** _____% rate (See IRS Form W-4R and Marginal Rate Table for more information)

State (Certain states require additional information as noted above)

☐ **Withhold based on state's standard rate**

☒ **NOT to withhold state income taxes**

☐ **To withhold taxes as follows:** ☐ _____**% or** ☐ _____ **amount**

*14. Tax elections made here supercede any previous elections made with regard to this contract. Contract owners under age 59½ may be subject to IRS 10% penalty tax on amounts withdrawn. Under penalties of perjury, I certify that the Social Security Number/Tax I.D. Number listed is correct and that I am not subject to Backup Withholding Tax. I certify that said policy is not assigned or involved in bankruptcy proceedings. I agree to the withholding election below, if applicable.

* _____ * _____
Owner's Signature Date

(Printed Signature Unacceptable Unless Reason is Given in Special Request)

* If your policy was issued in, KY, ME, OR, or WA and you are requesting a cash withdrawal, by signing this form, you are verifying that you have received the information supplied by your agent.

Are Attachments (other than policy) or Special Request Included? ☐ Yes ☐ No

THIS REQUEST MAY RESULT IN A TAXABLE DISTRIBUTION.
HAS THE INCOME TAX WITHHOLDING INFORMATION BEEN COMPLETED? ☐ **Yes** ☐ **No**

*** 15. Required for Virginia Residents Only: Recommendation of Surrender/Withdrawal**

The following questions and related certification are required for Virginia residents only; answers for residents of other states may be disregarded.

Did an agent recommend that you take a surrender/withdrawal from your annuity contract? ☐ Yes ☐ No

If yes, the agent must complete the Certification of Compliance immediately below.

Agent Certification of Compliance

- In making a recommendation related to this annuity contract, I acted in the best interest of the Consumer.
  - This recommendation is based on my evaluation of the relevant Consumer profile information.
  - I exercised reasonable diligence, care and skill to:
    - Know the Consumer's financial situation, insurance needs, and financial objectives;
    - Understand the available recommendation options after making a reasonable inquiry into the available options that I am licensed and authorized to recommend or sell;
    - Have a reasonable basis to believe the recommended option effectively addresses the Consumer's financial situation, insurance needs, and financial objectives over the life of the product, as evaluated in light of the Consumer profile information; and
    - Communicate the basis for the recommendation to the Consumer.
  - I made reasonable efforts to obtain the Consumer profile information from the Consumer.
  - I have considered all factors generally relevant in making a determination whether the surrender effectively addresses the Consumer's financial situation, insurance needs, and financial objectives, including, but not limited to, Consumer profile information, characteristics of the insurer, and product costs, rates, benefits, and features.
- I have identified and avoided, or reasonably managed and disclosed to the Consumer any material conflicts of interest that may influence the impartiality of the annuity recommendation.
- I have documented, in written format, the basis for this recommendation.
- I have provided the Consumer with the required Producer Relationship Disclosure Form.
- I agree to maintain and make available, upon request, to the insurer or any applicable regulator, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this annuity contract recommendation.
- I understand the insurer may contact the Consumer for additional information.

As evidenced by my signature below, I certify the foregoing is true.

Print Name: _____
(Agent Name)

Sign Here: _____ Date: _____

16. SPECIAL REQUEST - SHOULD NOT BE COMPLETED TO RE-STATE INFORMATION THAT IS LISTED ELSEWHERE ON FORM DO-70.





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